OFB Departmental Funding/Expenditure Fact Sheet Special Fund

Fund Name: Limited Obligation Highway Bond 2001A-CPF

Department/Agency:	Department of	of F	Public	Work
--------------------	---------------	------	--------	------

Division/Program: Islandwide Village Street Restoration and Pothole Repairs (Primary Roads)

AS400 account number(s): 5224D061090IBONA through 5224D061090IB0S9 and 5224D061090IB2A1 through 5224D061090IB2S4

Department/Agency Head Certification									
as to the accuracy of information contained herein:									
JOANNE M.S	S. BROWN, Director, Acting								
Direc	ctor Name (Print)								
ignature	Date								

		As of September 30, 2010						As of December 31, 2010									
		FY 2010					FY 2011										
		Α	В	С	D	E	F	G		:::::::I::::::::	J	К	L	M	N	0	
AS400 Account Code	Appropriation Classification	Appropriations	FY 2009 Authorized Lapse Carried Over/Continued into FY 2010	Governor's	Total FY 2010 Spending Authorization (A)+(B)+(C)	FY 2010 Expenditures/ Encumbrances	FY 20010 Available Balance (D)-(E)	FY 2011 Appropriations PL 28-68	FY 2010 Authorized Lapse Carried Over/ Continued into FY 2011	FY 2011 Governor's Transfer +/-	Total FY 2011 Spending Authorized (G)+(H)+(I)	FY 2011 YTD Allotment	FY 2011 YTD Expenditures/ Encumbrances 1/	FY 2011 Projected Expenditures (Remaining 1 Qtr)	FY 2011 Total Expenditures/ Encumbrances (L)+(M)	FY 2011 Available Projected Balance (J)-(N)	
	PERSONNEL SERVICES	1															
111	Regular Salaries/Increments	0	0	0	0	0	0 ::	. 0	0	0	0	0	0	0	0	0	
112	Overtime/Special Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
113/114	Benefits/Health Benefits (Medical/Dental/Life)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	TOTAL PERSONNEL SERVICES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
220	OPERATIONS TRAVEL- Off-Island/Local Mileage Reimbursements	01	0	0	I 0	0 1	0 ::	1 0	0	I 0 I	0	0	I 0	0	I 0 I	0.1	
220	TITAVEE- On-Island/Local Mileage Reimbursements	0	0	0	0	0		:		U		0			•	0	
230	CONTRACTUAL SERVICES:	0	0	0	0	0	0	. 0	0	0	0	0	0	0	0	0	
			<u>`</u>	-	-	-				_	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		· ·		-	
233	OFFICE SPACE RENTAL:	0	0	0	0	0	0	. 0	0	0	0	0	0	0	0	0	
			-		-					-			-	-	-	-	
240	SUPPLIES & MATERIALS:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
					-									-			
250	EQUIPMENT:	0	0	0	0	0	0 :::	: 0	0	0	0	0	0	0	0	0	
270	WORKER'S COMPENSATION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
							::										
271	DRUG TESTING CHARGES	0	0	0	0	0	0 ::	: 0	0	0	0	0	0	0	0	0	
280	SUB-RECIPIENT/SUBGRANT:	0	0	0	0	0	0 :::	. 0	0	0	0	0	0	0	0	0	
290	MISCELLANEOUS:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
								:									
	TOTAL OPERATIONS	0	0	0	0	0	0 ::	: 0	0	0	0	0	0	0	0	0	
	UTILITIES																
361	Power	0	0				0	0		0						0	
362	Water/Sewer	0	0				0 ::	0						0		0	
363	Telephone/Toll	0	0				0 ::	: 0		0	0			0		0	
	TOTAL UTILITIES	0	0	0	0	0	0 ::	: 0	0	0	0	0	0	0	0	0	
701	INDIRECT COST	0	0	0	0	0	0	. 0	0	0	0	0	0	0	0	0	
450	CAPITAL OUTLAY	0	1,643,361	0	1,643,361	58,852	1,584,509		1,643,361	0	1,643,361	1 642 204	E0.050	^	58,852	1 504 500	
400		<u> </u>	1,043,361	1 0	1,043,361	56,652	1,584,509	1 0	1,643,361	0	1,043,361	1,643,361	58,852	0	56,652	1,584,509	
	TOTAL	0	1,643,361	0	1,643,361	58,852	1,584,509	. 0	1,643,361	0	1,643,361	1,643,361	58,852	0	58,852	1,584,509	
						1											
		As of September 30, 2010					As of December 31, 2010										
	FULL TIME EQUIVALENCIES (FTE's)	UNCLASSIFIED	CLASSIFIED	CONTRACT	OTHER			UNCLASSIFIED	CLASSIFIED	CONTRACT	OTHER						

^{1/} a) Indicate on a separate sheet, each amount expended for: 1) prior year obligation(s); 2) emergency authorization(s); 3) promised compensation/acting or detail pay

FILLED/WARM BODIES VACANT (FUNDED)

b) Attach AS400 print out used to determine the amounts reflected.